

RURAL SEWER PROGRAM APPLICATION FOR SERVICE

Date of Application: _____

Name of Applicant: _____

Location of Proposed Sewer Service (Street Address or Tax Map Parcel ID Number): _____

Mailing Address of Applicant: _____

Daytime Telephone Number: _____

Please check one:

☐ Existing Structure

☐ New Construction

If existing structure, is it connected to county water (*please check yes or no*):

☐ Yes

☐ No

Type of Use (*please check one*):

☐ Single-Family Home

☐ Multi-Family Home (duplex, triplex, etc.)

☐ Commercial

Has an on-site system permit application been submitted to the Health Department (*please check yes or no*):

☐ Yes

☐ No